

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* <u>Burke Desiree A.</u>			2. Issuer Name and Ticker or Trading Symbol <u>Gaming &amp; Leisure Properties, Inc. [ GLPI ]</u>		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Accounting Officer</u>	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <u>02/03/2015</u>		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person	
<u>825 BERKSHIRE BLVD.</u>			4. If Amendment, Date of Original Filed (Month/Day/Year)			
<u>SUITE 400</u>						
(Street) <u>WYOMISSING PA 19610</u>						
(City)	(State)	(Zip)				

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock <sup>(1)</sup>	02/03/2015		M		3,000	A	\$12.41	41,156	D	
Common Stock <sup>(1)</sup>	02/03/2015		S		3,000	D	\$34	38,156	D	
Common Stock <sup>(1)</sup>	02/04/2015		M		5,260	A	\$12.41	43,416	D	
Common Stock <sup>(1)</sup>	02/04/2015		S		5,260	D	\$34	38,156	D	
Common Stock <sup>(1)</sup>	02/04/2015		M		9,911	A	\$19.22	48,067	D	
Common Stock <sup>(1)</sup>	02/04/2015		S		9,911	D	\$34	38,156	D	

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Non-Qualified Stock Options (right to buy) <sup>(1)</sup>	\$12.41	02/03/2015		M		3,000		01/02/2013	01/02/2016	Common Stock 3,000	\$0.00	5,260	D	
Non-Qualified Stock Options (right to buy) <sup>(1)</sup>	\$12.41	02/04/2015		M		5,260		01/02/2013	01/02/2016	Common Stock 5,260	\$0.00	0	D	
Stock Options (right to buy) <sup>(1)</sup>	\$19.22	02/04/2015		M		3,990		01/12/2009	01/12/2016	Common Stock 3,990	\$0.00	0	D	
Non-Qualified Stock Options (right to buy) <sup>(1)</sup>	\$19.22	02/04/2015		M		5,921		01/12/2009	01/12/2016	Common Stock 5,921	\$0.00	0	D	

**Explanation of Responses:**

1. The transactions set forth on this Form 4 were made pursuant to a stock trading plan executed by Ms. Burke on October 31, 2014 established pursuant to Rule 10b5-1.

**Remarks:**

Desiree Burke

02/05/2015

\*\* Signature of Reporting Person

Date

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**